TEMPORARY FOOD EVENT APPLICATION

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| EVENT INFORMATION | Event name | | | | | | | | | |
|-----------------------|---|--|--------------|--------------------|-----------------------|---------------------|-----------------|--|--|--|
| | Location: | | | | | | | | | |
| | (address, city) Event Contact | Name: | □Number | | | | | | | |
| | | | | | | | | | | |
| | | Please check preferred method of contact | □Email | | | | | | | |
| | Date of Event: | | | | | | | | | |
| | (up to 14 dates) | | | | | | | | | |
| | Date & Time | | | | | | | | | |
| | when ready for inspection | | | | | | | | | |
| | | | | | | | | | | |
| VENDOR INFORMATION | Vendor/Facility Name: | | | | | | | | | |
| | Location: (address, city, | | | | | | | | | |
| | state, zip) | | _ | | | | | | | |
| | Contact | Name: | □Number | | | | | | | |
| | | Please check preferred method of contact | Email | | | | | | | |
| | | | | | | | | | | |
| | | ed Food Establishment in Will Count ensed in Will County, are you license | | state? | ı ves ⊓n | 0 | | | | |
| | If you are not licensed in Will County, are you licensed in another county/state? yes no Please provide a copy of your license, most recent inspection, or commissary agreement. | | | | | | | | | |
| | | or Profit? yes one if yes, provide contified Food Protection Manager? | | | | | | | | |
| | | you have a Certified Food Protection Manager? □ yes □no ne:# | | | | | | | | |
| | | | | | | | | | | |
| MENU | Menu Item | | | Ι_ | I _ | | | | | |
| INFORMATION | | | | arec | arec te * | led/ ated | ples | | | |
| | List all items to b | pe served at event. | | Prepared onsite | Prepared offsite * | Cooled/ reheated | Samples only | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| * All f | | dense in an annual facility FOOD | | | | | | | | |

WCHD Temporary Food Event Application continued

| TEMPORARY | Are You A Foo | od Truck? □ Yes □No | | | | | | |
|---------------------|---|--|-------------------------------------|---------------------------------|-------------------------------|----------------------------------|--|--|
| FOOD SERVICE | Handwashing | ☐ Container With Hands Fr | Ware | □ 3 Buck | ets | | | |
| INFORMATION | 110.110.110. | ☐ Hand Sink | | Washing | □ Extra Utensils* | | | |
| | | | | | □ 3 Com | | | |
| | Hot Holding | □ Steam Table □ Hot B | Cold | - | □ Refrigerator | | | |
| | Equipment: | □ Oven □Grill | | Holding | □ Freezer | | | |
| | | □ Other | her | | □ Other | | | |
| | Water Supply | □ Public | | Waste | □ Public | | | |
| | | ☐ Private Well. Attached Water | Well. Attached Water Sample Results | | □ Holding Tank | | | |
| | | | | Disposal | | | | |
| | Floor | □ Asphalt/Concrete | Canopy | | | | | |
| | Construction | - · · · · · · - · · · · | | | □ Wood | | | |
| | | □ Wood □ Stainless Steal | | | □ Food Truck/Trailer | | | |
| | Barrier To | □ Tables | | Pest | □ Fans | | | |
| | Public | and the state of t | | Control | - CO CO 10 | | | |
| | C | □ Interior Kitchen | | | □ Food Covers | | | |
| | Sanitizer | ☐ Chlorine (Bleach) | | The Following | ☐ Hair Restraints, Hat/Hair N | | | |
| | | □ Quat Sanitizer | | Must Be | □ Gloves | ad Daman Tannala | | |
| | | □ Test Strips | | Provided | | nd Paper Towels m Thermometer | | |
| All off-site ware v | l vashing must be | done in an approved facility | <u> </u> | 11011404 | □ Diai Ste | in memometer | | |
| | | ,, | | | | | | |
| | itities, schools, cl | Temporary Evene WCHD Environmental Heathurches, and non-for profit (the full late fee. NFP are re- | alth Department NFP) groups pa | t to determine by 50% of tem | porary even | t fees, however, are | | |
| Category | Description w/ Examples | | Fee | | eceived no | Fee if received no | | |
| 5 , | | | | less thar | n 7 days to | less than 3 days of | | |
| | | | | the ev | ent start | event start | | |
| Low Risk | Non-Time/Temperature controlled for | | • | | | | | |
| | | e. Popcorn, cotton candy, | \$72 | \$ | 122 | \$144 | | |
| | lemon shake ups, prepackage ice cream Food prep, hot/cold holding. i.e. | | | | | | | |
| Medium risk | | | # 400 | \$158 | | #246 | | |
| | fried foods | ogs, pizza, sandwiches, | \$108 | → | 158 | \$216 | | |
| High risk | | ing & reheating. i.e. pig | | | | | | |
| · iigii riek | roast, | ing a remeating net pig | \$162 | \$212 | | \$324 | | |
| ate fees will be c | | applications and fees are no | | | | | | |
| | | and fees received within 3 da | | | | | | |
| C., 19 | | on-refundable. Make checks | | | | | | |
| Credit card | payments can be | e made at <u>www.govpaynow.</u> | com use PLC co | oae /0/8 or c | aii 888-604 | -/888 option 2 | | |
| | | | | | | | | |
| I have read the V | VCHD Tech Relea | se No. 4 regarding tempora | rv Food Establi | ishments and | will comply w | vith the requirements. | | |
| | | se rier rregaranig tempera | ., | | | and requirements. | | |
| Signature of Ap | plicant: | | | | _date: | | | |
| | · | | | | | | | |
| CD # | | | E USE ONLY | 15 . | | | | |
| SR # | Permit fee: | | | Received by: | | | | |
| Date paid: | | IN# | | RP# | | | | |
| | | | | | | | | |
| Payment Type: | | Cash | Cash | | Check/CC Trans# | | | |